



THOMAS L. GARTHWAITE, M.D.
Director and Chief Medical Officer

FRED LEAF
Chief Operating Officer

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012
(213) 240-8101

BOARD OF SUPERVISORS

Gloria Molina
First District

Yvonne Brathwaite Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

February 15, 2005

TO: Each Supervisor

FROM: Thomas L. Garthwaite, MD
Director and Chief Medical Officer

SUBJECT: **RESTORATION OF TRAUMA SERVICES AT KDMC—STATUS REPORT**

This is to provide your Board with a status report on the restoration of trauma services at KDMC.

Background

On November 23, 2004, your Board approved Supervisor Burke's motion instructing the Department to report back by February 15, 2005 on activities by the Department, the KDMC Advisory Board, and Navigant Consulting related to the restoration of trauma services at KDMC.

Supervisor Burke's motion specifically instructed the Department to:

1. Establish a goal for the restoration of trauma services, if certain internal and external conditions are aligned including quality, resources, patient need, and the mission of KDMC;
2. Include the following items in the KDMC Advisory Board's charter:
 - a. Recommendations for the future of resident training programs at KDMC, including the number and configuration of training programs at KDMC and a process and timeline to achieve this goal.
 - b. Recommendations and a timeline for achieving greater collaboration and integration of training programs between KDMC and the other DHS teaching facilities; and,
3. In consultation with Navigant Consulting and the KDMC Advisory Board, conduct ongoing assessments of whether KDMC can safely provide trauma services and at what volume of patients.

KDMC Advisory Board—Membership and Charge

The current members of this Advisory Board are:

Hector Flores, M.D., Chairman

Dr. Flores is a Co-Director of the Family Practice Residency at White Memorial Medical Center

Michael Drake, M.D., Vice-Chairman

Dr. Drake is Vice President for Health Affairs in the University of California System

David Satcher, M.D., Ph.D.

Dr. Satcher is the Interim President for the Morehouse School of Medicine in Atlanta, GA

Gerald Levey, M.D.

Dr. Levey is Vice Chancellor for Medical Sciences and Dean, School of Medicine, UCLA

Joseph P. Van Der Meulen, M.D.

Dr. Van Der Meulen is Vice President for Health Affairs at USC

Mr. James Lott

Mr. Lott is Executive Vice President of the Hospital Association of Southern California

The Advisory Board has met by conference calls and in January, 2005 they conducted a face-to-face meeting at UCLA. At their December 23, 2004 conference call, Chairman Flores discussed the attached proposed charge to the group which included the key elements specified in the motion by Supervisor Burke approved by your Board on November 23, 2004. There was general consensus that the proposed charge to the group was reasonable.

Trauma Designation and JCAHO Accreditation

In my January 31, 2005 report, I advised your Board that under Title 22 of the California Code of Regulations, a hospital's designation as a trauma center is predicated on accreditation by JCAHO or a similar accrediting agency. As you know, KDMC has lost its JCAHO accreditation. The Department is planning to re-apply for accreditation status as soon as we can be assured of a successful outcome. The Navigant Consulting group recommends that any restoration of a trauma capability be considered after significant enhancement of essential organizational and service issues are met and the re-establishment of support requirements for surgical resident resources. According to Navigant, the re-establishment of a surgical residency could not realistically occur before July, 2006, perhaps later.

The KDMC Advisory Board has reviewed the Navigant Report of February 1, 2005 and concurs with Navigant's findings and recommendations regarding trauma services at KDMC.

Additional Structural Requirements

The Department believes that the following key structural elements need to be in place before restoration of trauma center status is considered:

STEP I

Government and Accrediting Agencies

- Accreditation reinstatement by JCAHO
- Facility meets conditions of participation for Medicare.

Nursing Services

- Nursing Staffing Stability (less than 30% temp nurses)
- Nursing Management Infrastructure (per Navigant plan) in Place

Medical Staff

- Medical Staff Processes in place with sign off by Navigant
- Med Staff Committees/Reporting Structure fully functioning with attendance consistently averaging 75% or better, documentation of discussion, and completed actions.
- Medical Staff and Peer Review Meetings on a Regular Basis according to the bylaws of the medical staff/PSA with Attendance of Voting Members consistently averaging 75% or better.
- Peer Review/Medical Staff Office Staffed and Functional per Navigant evaluation/plan
- Documentation of consistent oversight of Residents in Emergency Room and during resuscitation procedures. Measure developed by KDMC and approved by DHS office of Clinical Affairs and Affiliations.
- Documentation of Coordination and accountability between Administration and the Medical Staff and Nursing and the Medical Staff. Measures developed by Navigant.

Hospital Infrastructure (support services) in place to support trauma (Per Navigant Evaluation)

- Lab response and report times monitored and acceptable to medical staff.
- Radiology response times monitored and acceptable to medical staff

STEP II

Complete Call Schedules with first and second team response time parameters and follow-up.

All basic California Children Services (CCS) requirements must be met and stabilized for appropriate period of time (Level I trauma) and ACS Accreditation. For Level II - pass inspection by EMS (Level II).

We have asked Navigant Consulting to provide the Department with quarterly reports through the Advisory Board regarding the progress made by KDMC on the above additional structural requirements.

I will continue to keep you informed of developments as they occur. Please let me know if you have questions.

TLG:pp
411:015

Attachment

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

King/Drew Medical Center Advisory Board—A Proposed Charge

The Challenge

Accelerate the development and implementation of effective structural and operational reforms at King/Drew Medical Center (KDMC).

Context

KDMC was opened in 1972 to provide hospital inpatient and outpatient services to a community that long lacked access to health care services. The hospital has 513 licensed beds, 233 budgeted beds and close to 250 physicians in training. The hospital plays a vital role in the community both as a resource for health care and, with 2,900 employees, as a major employer. KDMC is located in the South Services Planning Area (SPA 6), which has the highest rate of poverty and the highest percentage of residents without health insurance in the County. KDMC is facing significant clinical and operational problems. KDMC has been under fire for lapses in patient care and for failing to adhere to clinical and educational accreditation standards.

Under a Memorandum of Understanding (MOU) with the Centers for Medicare and Medicaid Services (CMS), the County has engaged the services of Navigant, a consulting firm, to assess the operational issues at KDMC and to take-over the day-to-day management of KDMC.

Training and Education

On September 14, 2004, the County entered into a twenty one month Agreement with Drew University for the provision of academic and clinical services at KDMC and Hubert H. Humphrey Comprehensive Health Center. Under the agreement, the sponsorship of medical residency training programs at KDMC, except for Family Medicine, Obstetrics and Gynecology, and Pediatrics, will be transferred from Drew to Los Angeles County. The agreement also provides for educational performance measurement and for positive incentives for excellence in teaching.

A Graduate Medical Education (GME) Advisory Task Force headed by Dr. Michael Drake is providing consultation in accreditation matters, training for program directors and leading a review of the size and number of the residency programs.

King/Drew Medical Center Advisory Board

Opportunities

The Task Force on Graduate Medical Education headed by Dr. David Satcher recommended the development of KDMC as a center of excellence for multi-cultural urban and public health. The Department of Health Services shares this vision and is working with the KDMC and Drew leadership to redesign such a center based on health needs and care utilization data in Service Planning Area SPA-6.

On October 28, 2004, DHS created 7 teams charged with the responsibility of making recommendation to move from independent, facility based functions to a DHS-wide system of care. The programs currently under analysis include: Radiology; Laboratory; Telemedicine; Cardiovascular Disease Prevention and Therapy; Pediatric Care; Orthopedic Services; and Obstetrics & Gynecology.

Goals and Expectations for the Advisory Board for KDMC

The goal of the Advisory Board is to ensure the quality of care and education at KDMC. It is expected that the Advisory Board will:

- Assess the pace and direction of change at KDMC
- Endorse recommendations from Navigant or DHS regarding changes at KDMC
- Recommend additional or alternative actions that will lead to permanent improvements at KDMC
- Communicate with and receive information from all interested parties to include:
 - DHS
 - Drew University
 - Navigant
 - LA County Board of Supervisors
 - Steering Committee on the Future of KDMC
 - CMS
 - JCAHO
 - ACGME
 - UCLA
 - USC
 - the Public

King/Drew Medical Center Advisory Board

Questions to Consider

1. Is there an acceptable rate of progress in restructuring KDMC?
2. How do we effectively facilitate Navigant's efforts to improve the operational management of KDMC?
3. How do we enhance the collaboration between DHS, USC, UCLA, and Drew Universities?
4. What are the key recommendations and timelines to achieve greater integration of training programs between KDMC and other DHS teaching facilities?
5. How do we ensure that the array of programs at KDMC meets the needs of the community and allows it to function as an integral part of a county health system?
6. Are there commitment, leadership and progress for the development of KDMC as a center of excellence for multi-cultural urban health?
7. What changes in governance are necessary to accelerate the implementation of structural and operational reforms at KDMC and to sustain improvements for the long term?
8. How do we assist Navigant in conducting by February 15, 2005, an assessment as to whether KDMC can safely provide trauma services and at what volume of patients?